

'We should, as a profession, be siding with the dispossessed'

Ian Florance interviews Rachel Tribe, an occupational and counselling psychologist who is, among other roles, Professor of Applied Psychology at the University of East London

'My father worked abroad in many places and perhaps that instilled in us a strong feeling for social justice,' Rachel begins by telling me. 'I thought I'd study English literature or psychology, but my practical side won out. In the back of my mind,

I pictured myself as something like a community psychologist before such roles existed.

I took a psychology degree at Loughborough then a number of other academic qualifications over time.'

Over the next decades, Rachel worked in a variety of specialisms, including in psychiatric hospitals and secondary care. 'One job took place when the movement of patients back into the community was in full swing. It involved multidisciplinary working, often with institutionalised people who had been in the hospital for years. I had roles at observation and assessment centres assessing young people who had experienced

problems in their families, with the law or with other matters. As a young woman, I found forensic work at Broadmoor hospital quite challenging. I then worked in other parts of the NHS and in the charity sector. I qualified in various psychotherapies and in adult teaching and also took an MBA, a PhD, and a Master's degree in Occupational Psychology to broaden my understanding of how organisations might function more efficiently.'

While Rachel was working for charities, a strand developed which involved working with refugees, asylum seekers and with survivors of torture and organised violence. 'It was incredibly thought-provoking. That sort of work makes you come up with new solutions: you can't just sit in your clinic and wait for people to come to you.' Which can lead down

some unusual paths. 'I was working with survivors of torture and organised violence who were suffering a Cartesian split... torturers often use mind or body to impact negatively on the other, leading torture victims to feel a loss of control or choice about what happens to their body... and one of my clients suggested team sport might be good for his health. Football seemed the obvious choice. It wasn't just a question of playing; the games and training gave us an opportunity to talk about issues and to build support and community. It formed a community for refugees who felt alone and alienated in London. While colleagues found it difficult to accept football as therapy, German TV made a film about us and a Channel 4 producer became interested. We were helped by two former international players. Leyton Orient offered us coaching and we won our league.'

Decolonising the discipline

Our interviews took place over a period of time when Rachel was taking one of her regular trips to Sri Lanka. 'I met someone at a conference in Chile who did work in Sri Lankan refugee camps during the civil war. I invited her to come to the UK so our team could learn about what they were doing in Sri Lanka, we could learn from each other and she could see what we were doing in the UK. In the early '90s, the British embassy asked me to go to Sri Lanka and I've been travelling there to volunteer ever since, including during the civil war.'

Rachel works in partnership with a range of organisations including universities, mental health organisations, charities. 'I've worked in refugee camps and war zones in Sri Lanka and other countries across five continents. Partnering with trained doctors, carers and others I also set up a children's play activity programme. During the civil war in Sri Lanka, I helped to establish a women's programme, which included offering training in basic medical and wellbeing techniques.'



‘We set up a clinical psychology training course at Colombo University, and are in the process of setting up another training programme at Jaffna University and wellbeing centres for staff and students at two universities. It’s taught me that Western psychology needs to be better at incorporating indigenous psychologies into our way of doing things. We teach basic CBT in the UK as a norm when certain cultures have had different ways of addressing similar issues for thousands of years.’

This work has involved consulting and training with the British Council, Department of Health, Department of Education, Foreign and Commonwealth Office, Singapore Psychological Society, Transcultural Psychosocial Organisation, Amnesty International and a range of national and international organisations and charities. Rachel is a trustee of two international mental health charities, is chairperson of one and is also vice chair of the World Association for Cultural Psychiatry Mental Health and Human Rights group.

From Sri Lanka to Stratford

Rachel’s vision reflects the universities she is associated with.

These include The University of East London, Queen Mary University of London and universities in Sri Lanka and Uganda.

Rachel described two areas which are particularly important to her at the moment: the Refugee Health and Wellbeing Portal (www.uel.ac.uk/research/refugee-mental-health-and-wellbeing-portal) and her work with interpreters. The introduction to the portal gives a succinct idea about its purpose: ‘It has been created to be used as a first stop resource to enable mental health and social care professionals, community organisations, statutory, international and national third sector organisations and refugees and asylum seekers themselves, to easily access the wealth of information and resources, and practical tools many of which are not accessible in one place.’

In her work on interpreters, Rachel has trained people, written on the topic and made a training DVD for the Department of Health, which was launched (at their request) at the Royal College of Psychiatrists. She has recently published the 3rd edition of a book on Professional, Research and Ethical Practice for Psychologists, Psychotherapists and Psychiatrists, which she co-edited and is currently working with international colleagues on a book on migration and mental health.

In addition to this, she works in areas as diverse as professional ethics, global mental health and psychological interventions with older adults, and is currently involved in a project around mental health with the construction industry and on developing a mental health app. She recently contributed with a colleague to the All Party Parliamentary group (APPG)

on mental health and older adults and is involved in work related to this. Currently she is also undertaking projects with a multidisciplinary team involving parents with children and adolescents with additional needs in four countries and in training and supporting workers at the Refugee Council. Her current projects focus on a community psychology project, work with the Ukrainian Psychological Society, work in Kenya with carers and young people and work in Britain with psychology trainees and with medical students.

Siding with the dispossessed

Given this hugely diverse global experience I asked Rachel for her views about the place of psychology in a wider world. ‘What are we doing as a discipline to make a difference? The Royal Society of Psychiatrists is an example of a professional organisation that consistently issues statements on societal issues. There have been impressive changes in our society and there is more activity in this opinion-influencing area, but we seem not always to use our status enough to affect policy and public opinion and therefore to make

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the difference we could. One of the objections to raising our public profile is that the society becomes politicised; but interventions should be about underlying psychological issues, which may include political stances.’

I asked her what sorts of debates the society should be contributing to. ‘Some suggestions include the important work currently being undertaken on the psychological effects of austerity, the possible causes of increased aggression in society, the underlying issues of various structural factors – poverty and racism for instance. We should always use research evidence to back up our statements, but research findings tend to get lost in journals and then distorted by others in the media. That is something we and other professions have to address. All that said, politics and psychology interact. I would echo Gramsci: we should, as a profession, be siding with the dispossessed.’

Why do you think psychology is so much less involved in this way than other professions? Most psychologists I know have strong opinions. ‘Partly because of our divisional silos which tend to compete and preclude collaboration. And despite what you say, I think some psychologists suffer from imposter syndrome when comparing ourselves to, say, psychiatrists. We need to change this, as we have a lot to offer. Of course, there are dangers in all this, both to us as a profession and to individuals. People need careers and I’ve been told: “You can’t say things like that”. But I’ve suffered bereavement recently and it’s reinforced my understanding that life is too short. What are we so frightened of?’